



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9/11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4) Summary Sheet

| |
|------------------------------------|
| FILE NUMBER |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| 8 |

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

| | |
|--|---|
| 1. Full name of committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <i>John Hiatt for County Council</i> | |
| 2. Acronym or abbreviated name, if any | 3. Committee telephone number <i>(317) 867-0093</i> |
| 4. Mailing address (address where all campaign finance correspondence is received) <input checked="" type="checkbox"/> Check if this is a new address <i>120 E MAIN ST.</i> | |
| 5. City, state, ZIP code <i>Westfield IN 46074</i> | 6. Party affiliation (if applicable) <i>Republican</i> |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|--|---|
| 7. Full name of candidate (include any nickname) <i>John A. Hiatt</i> | 8. Party affiliation or if independent <i>Republican</i> |
| 9. Office sought (Include district number, if any. Not required for exploratory committee.) <i>County Council</i> | 10. County of residence <i>Hamilton</i> |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

| | |
|--|---|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final / Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization) | Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |
|--|---|

| | | |
|--|-------------------------|--------------------------|
| 12. Reporting period: From: <i>JAN 1, 2001</i> Through: <i>DEC 31, 2001</i> | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | <i>150.00</i> | |
| 14. Cash on hand and investments January 1, current year. | | <i>150.00</i> |

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

| | | |
|---|-----------------|---------------|
| 15a. Itemized (use Schedule A) | | <i>0</i> |
| 15b. Unitemized | | <i>0</i> |
| 15c. Add lines 15a, and 15b in both columns | | <i>0</i> |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | SUBTOTAL | <i>0</i> |
| | TOTAL | <i>150.00</i> |

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

| | | |
|---|-----------------|---------------|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | | <i>0</i> |
| 17b. Unitemized | | <i>0</i> |
| 17c. Add lines 17a and 17b in both columns | | <i>0</i> |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | SUBTOTAL | <i>0</i> |
| 19. Debts OWED BY the committee (use Schedule D) | TOTAL | <i>150.00</i> |
| 20. Debts OWED TO the committee (use Schedule E) | | <i>0</i> |

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

FOR OFFICE USE ONLY

FILED HAMILTON COUNTY COURTS

Jammy Davis

002 JAN 15 PM 12:33

FILED

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)



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**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other
Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

| FILE NUMBER | |
|-------------|--------|
| | |
| Page | 2 of 4 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
|---|---|-----------------------------------|--|------------------------------|
| 1. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | | |
| 2. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | | |
| 3. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | | |
| 4. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | | |
| 5. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | | |
| SUB TOTAL THIS PAGE OF SCHEDULE A | | \$ | 0 | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet) | | \$ | 0 | |



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**(CFA-4 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations **OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee).** All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).**

| |
|---------------------------|
| FILE NUMBER |
| Page <u>3</u> of <u>8</u> |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED |
|--|---|--------------------------------|-------------------------------------|---------------|
| | | | | RECEIVED BY |
| 1. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | | |
| 2. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | | |
| 3. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | | |
| 4. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | | |
| 5. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | | |
| SUB TOTAL THIS PAGE OF SCHEDULE A | | \$ | 0 | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i> | | \$ | 0 | |



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**(CFA-4 SCHEDULE A-3)
CONTRIBUTIONS BY
LABOR ORGANIZATIONS**

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on **ITEM 15a** of the Summary Sheet. All cumulative contributions from labor organizations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

| FILE NUMBER | |
|---------------|-------------|
| | |
| Page <u>4</u> | of <u>8</u> |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED |
|--|---|--------------------------------|-------------------------------------|---------------|
| | | | | RECEIVED BY |
| 1. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | | |
| 2. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | | |
| 3. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | | |
| 4. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | | |
| 5. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____ | | | |
| SUB TOTAL THIS PAGE OF SCHEDULE A | | \$ | 0 | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i> | | \$ | 0 | |



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(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

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INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a of the Summary Sheet**. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, **regardless of amount** paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|--------------------------------------|--|-----------------------------------|--|------------------------|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____ | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____ | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____ | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____ | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____ | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____ | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____ | | | |
| SUB TOTAL THIS PAGE OF SCHEDULE B | | | \$ 0 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i> | | | \$ 0 | | |



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(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

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PUBLIC QUESTION INFORMATION

Enter Text of Public Question

Type of Question: Statewide Local
Position: Supported Opposed

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF EXPENDITURE | PURPOSE OF EXPENDITURE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|---|--|--------------------------------|-------------------------------------|---------------------|
| | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind | | | | |
| | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind | | | | |
| | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind | | | | |
| | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind | | | | |
| | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind | | | | |
| | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind | | | | |
| SUB TOTAL THIS PAGE OF SCHEDULE C | | | \$ <u>0</u> | | |
| TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i> | | | \$ <u>0</u> | | |



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**(CFA-4 SCHEDULE D)
Debts Owed by This Committee**

FILE NUMBER

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INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

| CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) <i>(street, number, city, state, ZIP code)</i> | AMOUNT | DATE DEBT INCURRED | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---|---|----------------|-----------------------|------------------------------------|---------------------------------------|
| | | NATURE OF DEBT | | | |
| | | | | | |
| LENDERS OCCUPATION: | | | | | |
| | | | | | |
| LENDERS OCCUPATION: | | | | | |
| | | | | | |
| LENDERS OCCUPATION: | | | | | |
| | | | | | |
| LENDERS OCCUPATION: | | | | | |
| | | | | | |
| LENDERS OCCUPATION: | | | | | |
| SUB TOTAL THIS PAGE OF SCHEDULE D | | | | | \$ <u>0</u> |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i> | | | | | \$ <u>0</u> |



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**(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE**

FILE NUMBER

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INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

| BORROWER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | CO-SIGNER'S NAME AND MAILING ADDRESS (if any) <i>(street, number, city state, ZIP code)</i> | ORIGINAL AMOUNT | DATE DEBT INCURRED | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---|--|-----------------|--------------------|------------------------------|---------------------------------|
| | | NATURE OF DEBT | | | |
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| | | | | | |
| SUB TOTAL THIS PAGE OF SCHEDULE E | | | | | \$ 0 |
| TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY <i>(Enter total on ITEM 20 of the Summary Sheet)</i> | | | | | \$ 0 |